

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4		1					54						
5		2					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	2						67						
18	1						68						
19	1						69						
20							70						
21	2						71						
22	1						72						
23	1						73						
24	1						74						
25	0						75						
26	0						76						
27	0						77						
28	0						78						
29	0						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36	0						86						
37	0						87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	3												
TOTAL CLAIMS	30												